

# JEN HOOVER BASKETBALL CAMPS

## JEN HOOVER OFFENSIVE SKILLS ELITE CAMP:

**JUNE 24, 2018**

**BUDD GYM (LOCATED IN THE MILLER CENTER ON THE CAMPUS OF WAKE FOREST)**

**9AM-4:00PM**

**\$100 (LUNCH/T-SHIRT PROVIDED)**

Our Offensive Skills Elite Camp will cater to individuals who have a passion for basketball and aspire to play competitively and perhaps at the college level. Campers will be involved in more game-specific activities. Players will learn and practice similar developmental tactics utilized by our current student-athletes. Educational sessions include individual skill development as well as team-oriented technical and tactical development. Elite Camp is open to all willing rising 8<sup>th</sup> graders through rising 12<sup>th</sup> graders.

### PERSONAL INFORMATION:

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_  
Address \_\_\_\_\_  
City/State \_\_\_\_\_ Zip \_\_\_\_\_  
Age/Grade in Fall 2018 \_\_\_\_\_  
E-mail Address \_\_\_\_\_ Shirt Size \_\_\_\_\_  
Parents Name's \_\_\_\_\_ Parents Cell # \_\_\_\_\_  
Parents Name's \_\_\_\_\_ Parents Cell # \_\_\_\_\_  
Emergency Contact \_\_\_\_\_ Contact # \_\_\_\_\_

### ACADEMIC INFORMATION:

School \_\_\_\_\_  
High School Address \_\_\_\_\_  
High School Website \_\_\_\_\_  
H.S. Graduation Date \_\_\_\_\_

### ATHLETIC INFORMATION:

AAU Team \_\_\_\_\_ AAU Coach \_\_\_\_\_  
Coach's Phone (C) \_\_\_\_\_ Coach's Email \_\_\_\_\_  
H.S. Coach \_\_\_\_\_  
Coach's Phone (C) \_\_\_\_\_ Coach's Email \_\_\_\_\_  
Preferred Position \_\_\_\_\_

I/We, the undersigned parent/guardian of the individual named above, do hereby grant permission for the individual to participate in Jen Hoover's Basketball Camp at Wake Forest University. I/We, for ourselves, heirs, executors, and administrators waive, release, and forever discharge Jen Hoover Basketball Camps LLC and Jen Hoover's basketball camp and staff, officers, directors, trustees, employees, agents; as well as Wake Forest University and staff, officers, trustees, employees and agents from all rights and claims for damages, injury, or loss to person or property that may occur during participation in or during camp activities.

Signature \_\_\_\_\_ Date \_\_\_\_\_

**PLEASE RETURN REGISTRATION AND CHECK FOR \$100 TO:**  
**JEN HOOVER BASKETBALL CAMPS**  
PO BOX 7547 WINSTON-SALEM, NC 27109 - 336-758-5763 - FAX: 336-758-4218  
OR REGISTER ONLINE AT:

[WWW.JENHOOVERHOOPS.COM](http://WWW.JENHOOVERHOOPS.COM)

